Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4375 A duplicate copy of this sheet is enclosed. Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Dated: June 30, 2003 I certify that this document and fee is being deposited on with the U.S. Postal Service (irst class mail under 37 C.F.R. 1.8 and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20036 Telephone: (202) 785-0100	AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Krister HANSSON								Docket No. TPP 31351			
A PROCESS FOR THE MANUFACTURING OF SURFACE ELEMENTS WITH A STRUCTURED TOP SURFACE JNN 3 0 7003	l ''''			-					•			
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Typed or Printed Name of Person Mailing Correspondence

In re the Application of

Krister HANSSON

Art Unit:

3726

Serial No.: 09/718,381

Examiner:

D. Vanore

Filed: November 24, 2000

For:

A PROCESS FOR THE MANUFACTURING OF SURFACE ELEMENTS WITH A

STRUCTURED TOP SURFACE

AMENDMENT

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 RECEIVED

JUL 0 7 2003

TECHNOLOGY CENTER R3700

Dear Sir:

In response to the Office Action of March 31, 2003, please amend the above-identified application as follows:

JUN -9 2003